

1947 APR 12 1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10528

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 113

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 rear William St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie Beard Marshall 624

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Everett Marshall 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased October 17, 1901
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jack Thornton 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Julius James Beard (Son)

(b) Address 512 rear William Street

17. (a) Burial (b) Date thereof March 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.

19. (a) 3-16-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 512 rear William Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 16- 40
year hour 6: minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-24- 1939 to 12-17- 1939;
that I last saw her alive on 12-17- 1939
and that death occurred on the date and hour stated above.

Immediate cause of death.

Hypertensive Heart Disease

Due to.

Due to.

Other conditions Cardiac Asthma
(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

121 (Specify type of place)

While at work? (Specify type of place)

23. Signature W. A. Singal (M. D. or other)

Address 1715 Sprigg St Cape Girardeau Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank Sparks....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank Sparks

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.